NHSC inTouch

FALL/WINTER 2000–2001

National Health Service Corps

# Rural NHSC Clinic Helps Community to Confront Substance Abuse

National Health Service Corps (NHSC) physician Sue Bailey, M.D., knows what can happen to families who have little access to medical care when a member has severe mental illness. She grew up with siblings affected by mental illness who have been treated by rural public health doctors most of their lives.

It was in her third year of medical school, while studying to become a family practice physician, however, that she discovered her professional affinity for psychiatry and her desire to treat the underserved through NHSC. Part of the NHSC mission is to establish systems of care that remain long after a clinician leaves the community, and Bailey is clear about her inspiration.

"Taking on this obligation was a very reasonable payback for the services my family received over the years," Bailey says.

## Unique Arrangement Expands Access

This commitment took her to one of the most psychiatrically underserved areas in the country. Washington County occupies the eastern-most region of coastal Maine, part of the northern half of the State that is largely classified as a health professional shortage area (HPSA). The majority of the population of 35,000 is white, and there are two Native American reservations.

Here she has become one of the first psychiatrists under the NHSC framework to set up a nonprofit, private practice clinic. Bailey's unique arrangement began when she resigned 1 year into

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## In This Issue



U.S. Department of Health and Human Services
HRSA BPHC Bureau of Primary Health Care
Health Resources and Services Administration

# FROM *The Directors*

*Opening Access to Substance Abuse Treatment in Rural Communities Takes a Team Approach*

Dear NHSC Members:

Social stigmas associated with mental illness and substance abuse are a challenge to health care practitioners throughout the country. In rural areas, the cultural resistance to seeking treatment can be daunting. Because talk can travel fast in small towns, many adults and children may be suffering in silence, fearing embarrassment or recrimination from neighbors, employers, friends, and family.

When this kind of cultural taboo is combined with a shortage of qualified health professionals, generations of Americans in rural communities may never realize the benefits of confidential and reliable treatment for mental illness and substance abuse. Access to health care for all people—whether or not they live near a provider or can afford to pay the provider—is an essential part of the NHSC vision.

Risky behaviors, such as drug abuse, that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during adolescence, are extended into adulthood, and are interrelated, according to the current report on Healthy People 2010, the Nation's health goals for this decade. It is critical that systems of care are established in underserved communities to break this cycle.

Some NHSC clinicians around the country are trying to do this in ways that are unique and culturally sensitive to the communities they serve. But more are needed. The approach described in the cover story in this issue of *NHSC In Touch* on the isolated area of Washington County, Maine, provides one promising model.

As this story illustrates, building the support systems to replace the taboos of mental illness and substance abuse with healthy behaviors requires a community effort. When committed and culturally competent health professionals lead this effort, successful partnerships emerge that can bring the essential public education and professional health-worker training to meet the public health need.

Forming partnerships among communities, States, educational institutions, and professional organizations is a key NHSC strategy that has been shown to work time and again. The ultimate measure of success is when they last and become an integral part of the community.

By eliminating disparities in outcomes among the most underserved populations, we also serve to elevate the health of everyone. Substance abuse is an acute public health problem when the public has no way to help mitigate the abuse or protect the people around the abusers. We must help people in underserved communities recognize and treat this and other mental illnesses and, in so doing, empower themselves in ways that go beyond the standard health outcomes calculations, to result in greater community and social improvement.

Sonia M. León Reig

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Produced by Matthews Media Group, Inc. for the National Health Service Corps under Contract # 232-00-0046, issued by the Health Resources and Services Administration (HRSA). The views and opinions expressed do not necessarily represent the official position or policy of the U.S. Department of Health and Human Services.

The National Health Service Corps is a program of the Federal Health Resources and Services Administration's Bureau of Primary Health Care, which is the focal point for providing primary health care to underserved and vulnerable populations.

Published quarterly by the National Health Service Corps.

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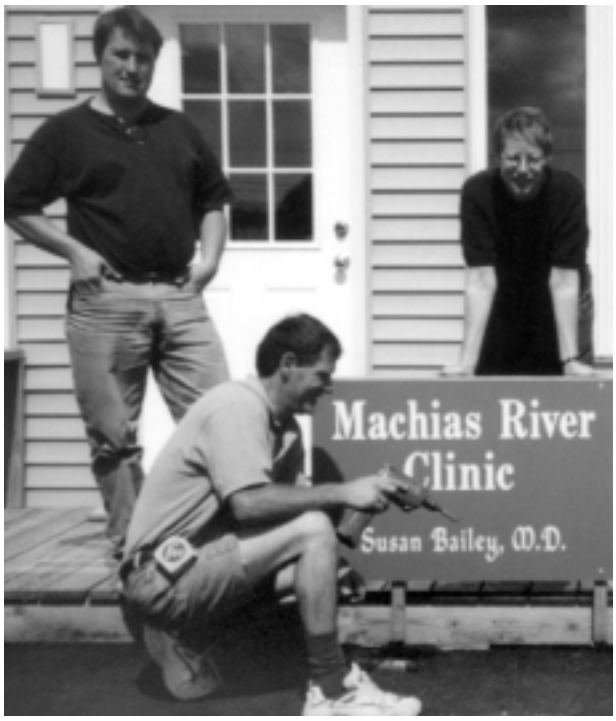
## *Rural NHSC Psychiatric Clinic* *continued from page 1*

her obligation from the not-for-profit health care corporation that originally recruited her to open a satellite clinic 90 miles away from its hospital in Bangor. The NHSC then gave her two options: either establish a private practice or find another private practice assignment. After investigation and reflection, she chose the first.




*Sue Bailey, M.D., who opened the Machias River Clinic last year to help improve mental health services in rural Washington County, Maine, admires the new clinic sign designed by Timmy Maker (standing), Carl Bragg (kneeling), and other clinic supporters.*

Bailey opened the Machias River Clinic in November 1999 to help improve mental health services in Washington County. To generate an income, Bailey contracted with a federally qualified health center to pay her a flat rate to see Medicaid and Medicare patients. In return, she serves as a consultant to family practice physicians and others scattered throughout the region, including the primary care physicians on the local Indian reservations. At the same time, the clinic operates as a nonprofit community mental health agency.

"What we have set up is an exciting idea because I can give my services to a much larger number of health professionals by being involved in this network," Bailey says.

### Lack of Services, Cultural Factors

The clinic is becoming a significant "cog" in the community wheel, as one of her colleagues says. The clinic has developed over the last couple of years to take on a severely neglected substance abuse crisis in the community.

Geographic isolation, harsh winters, high unemployment, and the lack of psychiatric services for more than a decade have contributed to an acute public health problem, according to local professionals and community members.

The primary way the clinic is addressing the issue is to treat the psychiatric illnesses that can lead to substance abuse, Bailey says. It is clear people in the community have had untreated depression and anxiety that has led them to self-medicate and ultimately abuse alcohol, narcotics, or other substances, she says. The problem goes beyond the individual to the community at large. Substance abusers can also become abusers of other kinds, for instance in domestic relationships, she notes.

Lillian Hanscom, a 14-year resident, parent of a mentally ill adult child, and president of the local Machias affiliate of the advocacy group National Alliance for the Mentally Ill (NAMI), says substance abuse is a problem both in the county and throughout the State. The problem is part of a larger issue related to the lack of mental health services, which is coupled with the rural culture's tendency toward silence on the issue, according to Hanscom. Therefore, a government and private sector effort will be needed to fight it.

"There are so many agencies up here. If they could get together they could really do something," Hanscom says. She praises Bailey's skills and motivation, noting "she really wants to get the community involved; she'll do everything she can about it."

Proximity to the Canadian border and the inflow of illegal prescription drugs are factors contributing to substance abuse among the community's youngest members, according to Tom McHugh, M.D., a surgeon, family practice physician, and president of the Washington County Medical Society. He notes, however, that the majority of adults with substance abuse problems tend to be heavy alcohol abusers, whereas adolescents abuse prescription medications. "There's been a great need for psychiatric services. For generations, there have been neglected behavioral problems that have existed with no counterbalancing influences. Just by educating the community about what can be expected, you can change behavior and change what has been done in the past," McHugh says.

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## Online Resource for Finding Treatment Programs

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services has an online source of information for persons seeking substance abuse treatment for themselves or for someone else. The Substance Abuse Treatment Facility Locator is on the Web at: *http://www.dasis.samhsa.gov/UFDS/welcome.htm.*

Information is compiled from an annual Federal Government survey of treatment facilities, but the Locator is not a treatment referral agency and does not make specific recommendations or endorsements about individual treatment facilities or types of treatment. To find out if the facilities meet your needs, call them directly.

The searchable site will display a map that shows the location of treatment programs in Federal, State, local, and private facilities that provide drug abuse and alcoholism treatment services. Facilities listed are licensed, certified, or approved by State substance abuse agencies. The Department of Veterans Affairs, the Indian Health Service, and the Department of Defense administer some facilities.

More advice is available from SAMHSA's Center for Substance Abuse Treatment telephone referral helplines:

- 1-800-662-HELP
- 1-800-228-0427 (TDD)

## *Rural NHSC Psychiatric Clinic* *continued from page 3*

### Preventing and Treating Substance Abuse

The Machias River Clinic provides psychiatric evaluation, individual and group psychotherapy, and ongoing pharmacotherapy. Payment is accepted through Medicaid/Medicare and on a sliding scale for people without insurance. The clinic also helps people to obtain health insurance and refers patients with physical illnesses or disabilities to primary care physicians in the community.

McHugh notes that Bailey brings psychiatry and its knowledge of controlled substances to an area that has lacked such trained professionals for about 13 years. Now physicians who are not psychiatric specialists can refer cases to Bailey and the two other psychiatrists recruited to the county through other government venues. By screening more patients with psychiatric consultation, some of the drugs that may have been incorrectly prescribed before are being taken out of circulation, he says.

"There's no question that Susan and the others have broadened our horizons and expertise," McHugh says. "NHSC is doing us a big service by bringing Dr. Bailey in, and we hope they bring us some more."

One of the main goals of the Machias River Clinic is to increase the quality of mental health services by bringing together professionals who previously worked in isolation. The clinic provides community and professional education in mental health. Bailey works with family doctors and nurse practitioners to educate them about newer, less addictive anti-anxiety drugs.

The clinic plans to hold monthly talks for the public by an area psychiatric provider, and to reach out to schools, jails, churches, and community groups, linking them with speakers from public health agencies, mental illness groups, and independent practitioners.

*It's a team approach—Sharon Piper, R.N., (left) and Gail Johnson, administrative assistant, members of Bailey's staff at the Machias River Clinic, are helping to increase the quality of mental health services in one of the most psychiatrically underserved areas in the country.*

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### Practice Tips

- During an office visit, take 2 or 3 extra minutes to evaluate the patient's level of anxiety through general questioning such as, "Do you find yourself worrying a lot these days?" This can open a discussion about the person's vulnerability to using drugs or alcohol.
- Screen for domestic violence with sensitive questioning about the person's relationship with his or her spouse or significant other because domestic violence is often brought on by substance abuse.
- Stay in regular contact with family practice and general physicians with whom you share patients to monitor the use of prescription medications. Be especially mindful of patients with connective tissue diseases, orthopedic problems, or other illnesses that involve chronic pain and for which pain medication may be prescribed in large doses.
- Reaching out to the community and participating can help clinicians overcome the barriers related to geographic isolation in rural communities.

## *Rural NHSC Psychiatric Clinic* *continued from page 4*

Bailey is also responsible for providing supervision for a group of social workers throughout northern Maine.

"It's good mental health for all of us to be working together and talking together," Bailey says. "It's good practice for virtually everybody—the patients and the physicians."

A formal training program is in the works for family practice and psychiatric residents; medical and nursing students interested in rural psychiatry; psychology and social work students needing to complete internships in psychotherapy; and public health graduate students interested in psychiatric epidemiology or outcomes research.

In addition to Bailey, the clinic has an advanced practice registered nurse, an administrative assistant, and a graduate student nurse intern. The clinic's operating plan calls for further expansion as the outreach efforts of Bailey and her colleagues bring in more patients.

For more information on community responses to substance abuse prevention, see the box below. Bailey can be reached via e-mail at sbailey@nemaine.com. ■

### Report Finds Community Partnerships Prevent Substance Abuse

A report released this year from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services shows how partnerships at the local community level can prevent substance abuse.

The report is intended for use by practitioners, researchers, and policymakers to help them create workable, community-based solutions to community needs. Detailed in the publication are five different "model" communities, ranging from Southern rural counties to a large Western city, that achieved statistically significant reductions in drug use relative to similar communities.

Based on a 48-community study, the report, *Prevention Works Through Community Partnerships, Findings from SAMHSA/CSAP's National Evaluation*, summarizes the largest community-based substance abuse prevention and health promotion trial ever conducted. Among other findings, the report confirms that more activities and prevention strategies need to be aimed at females.

The report (DHHS publication no. SMA 00-3373) is available online at: *http://www.health.org* or through SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686, or TDD 1-800-487-4889.

# Community Profile

## A Heavenly Match Made in Missouri: Integrating Mental Health Services with Primary Care in the Rural Setting

*"Alice Brown" is typical of people living in southwest rural Missouri. She is a mother, married to her farmer husband, committed to the land, and a long-term resident of the county. Her aging parents, who live nearby, can no longer take care of themselves or their daily chores without her help or the assistance of her husband and son. Alice has recently taken a job in town to help pay the bills. Her husband splits his time between his dairy herd and a part-time mechanic's job to pay for the latest State-ordered upgrade to his milking machinery and to replace the income lost by a recent cut in quotas.*

*Each day, Alice juggles the need to work more hours with the need to make sure her mother hasn't had another "spell." And twice this month, her 14-year-old son's guidance counselor called to report that he had skipped school. Come to think of it, he has become sullen and silent, she muses, and his grades have fallen, too.*

*Each month, Alice's husband plays another round of Russian roulette with the bills, hoping that by the time he gets the next batch of late payment notices, he'll be able to clear them up. Of late, he has lost hope and is convinced that it is only a matter of time until he loses everything.*

*Alice doesn't like how short-tempered she has become with her family. And if parent and son worries weren't enough, she is also concerned about her husband's listlessness and his drinking, which seem to be getting worse. Despite all the problems and all the headaches, though, the daily chores still get done, or at least the ones that absolutely must get done.*

*The delicate fabric of Alice's life, however, is about to unravel. This morning, while taking a shower, she discovers a lump in her breast.*

*When Alice Brown sets foot in the local clinic to have the lump examined, it will be the first time anyone in this troubled family makes contact with the services that they vitally need to solve their many health issues.*

What are the chances that Alice's health care provider will gain an understanding of all of her problems? Three factors influence what happens next:

- Rural families have a tradition of being stoic in the face of disaster, and of keeping sensitive problems within the confines of the family.
- Mental and behavioral problems hold a special stigma among rural people who tend to view them in terms of weakness or sin.
- Rural health services are stretched so thin that there is little time to explore issues beyond the problem at hand.

In this case, however, Alice Brown walks into a community health care clinic operated by Cox Health Systems and its

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# NHSC People and Communities Making the News

## Texas Pediatric Resident Honored by Head Start

National Health Service Corps (NHSC) Scholar **Kris Deeter, M.D.,** was one of just seven honorees at a national event in Washington, D.C., in April that included President Clinton and Secretary of Health and Human Services Donna Shalala to celebrate the 35th anniversary of the Head Start program.

Deeter, chief pediatric resident at the University of Texas Health Science Center in San Antonio, will begin her 2-year NHSC commitment in July 2001. She currently serves in a poor, underserved community near the Texas-Mexico border that spans about 300 miles through the valley. The clinic serves an urban population of approximately 1 million, of which 52 percent are Hispanic. A majority of the patients seen are either uninsured or Medicaid enrollees, with large numbers of new, Spanish-speaking immigrants.

*NHSC Scholar Kris Deeter, M.D., who was honored at the 35th anniversary of the Head Start program in Washington, D.C., celebrates with fellow honoree, Sargent Shriver, founder of the Peace Corps and the initiator of Head Start.*

Deeter's commitment to help the medically underserved began early in her life as the oldest of three in an impoverished, single-parent family. She was a musically gifted 3-year old who played the violin when she was enrolled in Head Start, the Nation's early childhood development program that provides comprehensive services for low-income, preschool children aged 3 to 5 and their parents. Her mother, Rev. Jaine Ryder, who was also honored at the ceremony, soon began volunteering, went back to college, and eventually became a county-level Head Start administrator. She helped Deeter to volunteer and to work as a Head Start employee giving computer training to other staff while still in high school.

"I was the underserved child. I grew up in a rural community. I remember food stamps. I remember welfare very well. The people there helped us, and that's what I want to give back now," Deeter says.

Deeter's family commitment to helping the underserved was expanded with her marriage to Matt Deeter, an army surgeon at Brooke Army Medical Center in San Antonio. Kris' mother-in-law, Dixie Deeter, was an NHSC administrator for more than 20 years. Dixie was one of the first NHSC providers, serving as a nurse practitioner in the earliest days of the program and setting up numerous clinics throughout Alaska, Washington, Montana, Idaho, and rural Indian reservations. She has retired, but has not stopped serving, according to Deeter, who noted that her mother-in-law recently went back to work at another clinic on an Indian reservation.

The Head Start anniversary ceremony before about 10,000 people at the Washington Convention Center also honored Sargent Shriver, founder of the Peace Corps and the initiator of Head Start. Other honorees were Rep. Loretta Sanchez (D-Calif.); Rep. Maxine Waters (D-Calif.); Angel Taveras, an attorney in Rhode Island; and Helen Thomas, a former national Head Start director.

## Wisconsin Physician Named Rural Health Practitioner of the Year

National Health Service Corps (NHSC) physician **Patricia Raftery, D.O.,** with Franciscan Skemp Healthcare in Sparta, Wisconsin, was named Rural Health Practitioner of the Year by the National Rural Health Association in May. She was cited for her community commitment, involvement, and leadership in opening access to quality health services for rural populations.

In his letter nominating Raftery for the national award, Sparta hospital administrator William P. Sexton said, "She is not only focused on providing excellent patient care but is deeply involved with the community. Her activities have not only had a lasting impact on the local community but have set standards as models for State and national projects as well."

*Patricia Raftery, D.O.*

Raftery received educational assistance from the U.S. Public Health Service (USPHS), which paid for 3 of 4 years of medical school at the Chicago College of Osteopathic Medicine. After her

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internship at a USPHS hospital in New Orleans, NHSC helped her establish a family practice in the underserved Sparta, Wisconsin, area in 1979. For Raftery, the move was a return to her rural community childhood roots, and she has served there ever since.

"NHSC really helped me find a place I wanted to practice in and made sure I was happy here. I appreciate everything they did," Raftery says.

Among her accomplishments, she was instrumental in establishing a clinic bus equipped with two treatment rooms, a handicapped lift, a small lab, and a rest room to bring health care to people who had gone without it for years in the remote areas of surrounding counties. She helped develop and direct the first rural midwifery practice in the State to do deliveries in a rural area, in particular gaining the support and confidence of the local Amish and Mennonite populations.

Sexton said Raftery's work with the local Hispanic migrant population and the working poor deserved special recognition. Fluent in medical Spanish, and having worked many short-term medical mission trips in nations such as Haiti, Mexico, and Nicaragua, Raftery visited the local work sites, observing the living conditions of the laborers, and then began a voluntary, weekly clinic in 1997 at the Sparta Hospital, called the Saint Clare Health Mission of Sparta. Here, doctors, nurses, and other volunteers care for the uninsured and migrant laborers who cannot afford services elsewhere.

Sexton said in his letter that Raftery traveled twice a year to underserved countries to provide medical services and gathered supplies and equipment through humanitarian efforts back home to send to these nations' rudimentary medical clinics. Because of her interest in helping these populations, she earned a master's degree in tropical medicine at Tulane University in 1991. She also has a master's degree in philosophy and has taught history and humanities in rural Minnesota and Chicago.

Sexton noted that Raftery practiced many 100-hour weeks during her initial years in Sparta, sharing emergency on-call duties at the hospital, supporting a busy obstetric practice with an average of 50 deliveries per year, and seeing nursing home residents—all while keeping up with board certification requirements.

Sexton called her "one of a kind" and "one of the kindest, most loving, and caring persons with whom I have had the honor of being associated."

## Former Scholar Heads California Health Planning Office

**David M. Carlisle, M.D. Ph.D.,** a former National Health Service Corps (NHSC) Scholar, was appointed Director of the California Office of Statewide Health Planning and Development. Carlisle, who served from 1985–1987 on assignment to the Watts Health Foundation in Los Angeles, manages an office with more than 400 employees and a $52 million budget.

*David M. Carlisle, M.D., Ph.D.*

Working in sync with NHSC's central goals, Carlisle's office supports the training of health professionals who will practice in underserved communities. In addition, the office ensures the earthquake safety of hospitals and nursing homes; provides loans to nonprofit health facilities; and collects, analyzes, and disseminates information about hospitals, nursing homes, clinics, and home health agencies licensed in California.

Carlisle, an active clinician, volunteers his services at the Venice Family Clinic in southern California. A former associate professor of medicine at UCLA School of Medicine and consultant at the RAND Health Program, he has been a Robert Wood Johnson Foundation Clinical scholar and Association for Healthcare Research and Quality fellow. He is the author of numerous articles and publications, many focused on vulnerable populations and the issues of access to care, quality of care, disparities in care, and medical education.

Carlisle earned his medical degree from Brown University and his M.P.H. and doctoral degrees from the UCLA School of Public Health. ■

# Physician Assistant Serves the Needs of People with Diabetes in Remote Maine Area

Teaching people with diabetes to care for themselves is crucial to their well-being, whether they are in a remote town or a large city. National Health Service Corps (NHSC) Scholars in training for rural service soon will have the opportunity to learn about a nationally recognized model for diabetes standards of care from Dana Green, PA-C, an award-winning NHSC Scholar who is helping to raise those standards across the country.

*Dana Green, PA-C, who is at the end of a 4-year commitment at the St. John Valley Health Center in rural Van Buren, Maine, has been recognized for raising the standards of care for diabetes.*

Green was recognized for his work by the Down East Association of Physician Assistants, which named him Maine's Outstanding Rural Physician Assistant of the Year 2000. He shares the honor with Louis A. Ingrisana, who works for a private practice.

Green, who is in the final year of a 4-year NHSC commitment at the St. John Valley Health Center in the isolated rural town of Van Buren, was honored for his success with improving the standards of care as local project director of the National Diabetes Learning Collaborative. The national research program, sponsored by the National Institutes of Health, the Centers for Disease Control and Prevention, and the Institute for Healthcare Improvement, aims to educate and train providers on delivering care for chronic diseases.

This honor is just the latest distinguished award bestowed on Green, who has spent much of his professional life promoting and participating in adult education and has been recognized as a leading researcher on the standards of diabetes care. During the National Diabetes Congress in New Orleans this past spring, he was presented with an award by Marilyn H. Gaston, M.D., Assistant Surgeon General and Associate Administrator for the Bureau of Primary Health Care, Health Resources and Services Administration.


*There's no mistaking the role Dana Green has in his isolated rural community in Maine!*

Green has presented at national and international forums on designing diabetes patient care programs. He is also participating in workshops on his recent work with the Diabetes Learning Collaborative Project at NHSC's annual conference series in San Jose and Orlando. Attendees include NHSC clinicians in practice, Scholars-in-training, and soon-to-be graduates who will be starting their NHSC service in rural and urban underserved health provider sites.

Green says he tries to incorporate humor into his talks, a passionate stream of new ideas, and the notion of "humanistic" patient care. Topics for the NHSC workshop include the chronic care model approach of the Diabetes Learning Cooperative; the team approach to patient self-management programs; and resources for working with indigent and uninsured diabetic patients using free medications, educational materials, and survival skills in rural settings. The workshop also covers practical information on implementing a diabetes clinic in a rural setting, completing a clinical diabetes registry, establishing protocols for a diabetes chronic care program, using laboratory studies to assist change, implementing chronic care office visits, expanding care through patient management and educational programs, and improving quality of life for patients.

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## Patient Education Becomes a Community Event

Green's local program, Neighbors Helping Neighbors, has become a true community event. He says the key was ongoing outreach that included speaking one-on-one with people and to community groups, developing a newsletter, and giving free educational workshops.

"I wanted it to be a community diabetes project to help patients improve their quality of life," Green says. "The reason I went into this business in the first place was to help people who have no means of service, and that's what I've done."

Nearly 5 percent of the population of 1,700 in Van Buren have type 2 diabetes, and every registered person with diabetes in this small town that borders Canada—155 people in all—signed up to participate in the program. Green initially saw every patient himself for 30 minutes, administering a series of laboratory tests and physical exams and providing self-education information.

The result was that St. John Valley Health Center was one of the top five (out of 88) sites in terms of successful outreach. For example, 100 percent of patients completed all laboratory studies and office visits, 87 percent attended diabetic education classes, about 80 percent received eye exams, and 70 percent of patients lowered their 90–120-day blood glucose levels (hemoglobin A1cs) to within normal range. (A1c is the standard of care for testing a patient's long-term treatment of diabetic medications over 3–4 months, at least twice annually.)

The center was also the only site in Maine to be selected a second time to participate in the Diabetes Learning Collaborative. Green has successfully expanded the program to a second location in Limestone, Maine, and hopes to establish a third through the Indian Health Service in Presque Isle, Maine.

With the commitment and talent of clinician-researcher-community whirlwinds like Green, the knowledge and practical methods for preventing and treating diabetes continue to grow, and access to diabetes services for those in underserved areas is growing with it. ■

You can contact Green by e-mail at: *zorro@mfx.net*, or write to him at:

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Van Buren, Maine 04785
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## Facts About Diabetes

- Diabetes mellitus is a group of diseases characterized by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both, that requires people to carefully control their blood sugar level through diet, exercise, and often, medication.
- It's estimated 15.7 million people, or 5.9 percent of the population, have diabetes (with 10.3 million diagnosed and 5.4 million undiagnosed), and 798,000 new cases are diagnosed annually.
- Treatment to keep blood glucose near normal levels at all times requires training patients in self-management in a way that is individualized and that addresses medical, psychosocial, and lifestyle issues.
- Death rates are twice as high among middle-aged people with diabetes as among middle-aged people without diabetes.
- Heart disease is the top cause of diabetes-related deaths. Adults with diabetes have death rates from heart disease that are two to four times as high as the death rates for adults without diabetes.
- Other complications of diabetes include: stroke (the risk is two to four times higher for those with diabetes); high blood pressure (affecting about 60 to 65 percent of people with diabetes); blindness (diabetes is the leading cause of new cases in adults 20 to 74 years old); kidney disease (accounting for about 40 percent of new cases); nervous system disease (about 60 to 70 percent of people with diabetes have damage such as impaired sensation or pain in the feet or hands); and amputations (more than one-half of lower limb amputations in the United States occur among people with diabetes).
- Direct national medical costs of diabetes are estimated at $44 billion, and indirect costs (disability, work loss, premature mortality) at $54 billion.

*Source:* National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases.

# Providers in the Field

## More than Physicians

When Drs. Oscar and Marcia Sablan came to Firebaugh, California, courtesy of the National Health Service Corps (NHSC) Scholarship Program, the rural farming community of about 3,000 had only a semi-retired physician and a public clinic. Now, nearly 20 years later, Firebaugh has responsive, accessible private health care for its rural, mainly uninsured inhabitants. It also has a thriving business community, better housing, responsible leadership, and an energetic sports program—and the Sablans have helped make it all happen.

The path that led these two NHSC Scholars, one a family physician and the other an internist, to Firebaugh in 1981 seems almost predestined. The Sablans met in biology class while attending St. Louis University, in St. Louis, Missouri, and found that they shared many interests, including the Peace Corps. They married in college, then applied to and were accepted to medical school at the University of Hawaii.

After going through her family practice residency with Kaiser Hospital in Hawaii, Marcia accepted a position with the Fresno County Clinic in Firebaugh. Oscar completed his internal medicine residency with the University of California, San Francisco (UCSF) Central Valley Program in Fresno and took a position with NHSC at San Joaquin Health Center in rural Fresno County. Marcia and Oscar then decided to set up a private practice in Firebaugh in October 1983.

*Marcia and Oscar Sablan have spent the past 20 years making a difference in their rural California farming community. "We have found that we can achieve more for our community through our roles as civic and community leaders than strictly as physicians," says Oscar Sablan.*

Located not far from Fresno, Firebaugh, the "melon capital of the world," is in an area where large farms, both corporate and family-owned, are the major employers. The majority of patients were migratory farmworkers who did not have health insurance. Their general health status was not good, with inhabitants having a high incidence of diabetes, high blood pressure, high cholesterol, asthma, and San Joaquin Valley Fever, a respiratory fungal infection endemic to the entire San Joaquin Valley area.

Over the years, the town and the practice have grown. Firebaugh's population, which demographically breaks out to 86 percent Hispanic, 12 percent Caucasian, and 3 percent other, has doubled and has become less migrant—in part because of affordable housing built with grants secured by the city of Firebaugh during Marcia Sablan's tenure as mayor. The Sablans' private practice now consists of the 6,000-square foot clinic that houses them; Dr. Dinescu, an internist; and another NHSC partner, Dr. Dan Rabin, a family practitioner, who had recently completed his training with the UCSF Central Valley program.

In addition, the Sablans' clinic offers an increasing variety of community health services. The clinic will soon have a mammography unit to address the unmet need of female farmworkers who cannot afford transportation to Fresno—45 minutes away—for breast cancer screening. Clinic patients can also receive ultrasound services and free immunizations. The Fresno

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Dr. Oscar and Dr. Marcia Sablan are more than Firebaugh's physicians. Since the mid-1980s, Marcia Sablan has been elected for several terms as the mayor of Firebaugh. She is most proud of her membership on the Firebaugh Health Advisory Committee, a grassroots organization set up by Marcia that is interested in improving health care and access to health services for the local residents. Marcia is also a member of the city council and the Fresno County Council of Governments. She was appointed by the governor to the State Bay Delta Water Committee and has served on the boards of directors for the United Way and Red Cross. In 1993, Marcia was selected as the California Family Physician of the Year by the California Academy of Family Physicians. Through her political efforts, numerous small businesses have developed and expanded, the living conditions of farm laborers have improved through affordable low-cost housing, new parks have been created, and farmland has been preserved. "We have found that we can achieve more for our community through our roles as civic and community leaders than strictly as physicians," says Oscar Sablan. "As an elected official of your community, your voice is better heard at the next level of the political hierarchy."

Oscar's community role has focused on improving the lives of Firebaugh's children. He is currently the School Board president for the Firebaugh Las Deltas school board and a member of the executive committee for the Fresno County Board of Education. He also has served as a member of the California School Board Association (CSBA), CSBA Small School Council, and the CSBA Federal Issues Council. Besides being a Little League coach, he has been the team physician for various Firebaugh High School sports and the community Pop Warner football team. He and Marcia also donated use of a building so the Boys and Girls Club could come to Firebaugh. In 1999, the community honored both Oscar and Marcia by making them the Grand Marshals of the Firebaugh Harvest Festival Parade.


*Placing behavioral specialists in clinics where physicians recognize the importance of treating both mental and physical issues is what Tim Swinfard, vice president of operations at Burrell Behavioral Health, characterizes as the "champion approach" to providing effective health services to rural Missourians.*

## Key Elements Needed for Integrating Mental Health Services With Primary Care: "Missouri Style"

- Primary care physicians trained in a family residency program with a strong behavioral health component who recognize mental health issues and refer patients to the in-house behavioral health clinician
- Mental health care providers located under the same roof as general practitioners and other specialists to guarantee confidentiality within a small and curious community
- Informal strategies that allow fearful or wary patients to meet the behavioral specialist "next door" before the first appointment
- In-home services that bring the provider to the patient when clinic visits are not possible

## *Community Profile* *continued from page 5*

behavioral health division, Burrell Behavioral Health. By doing so, she significantly increases her chances of obtaining help for the broad spectrum of medical and psychosocial issues behind her current condition. Attached to this hospital-based service is a clinical psychologist, who also happens to be an NHSC clinician.

In the entire Burrell-Cox network, there are three NHSC clinical psychologists, Amy Meriweather, Ph.D.; Kim Connor, Psy.D.; and Debbie Smithyman, Psy.D.; who bring behavioral health services to areas that would otherwise be denied the benefits of this integrated approach to health care. In fact, these individuals characterize the strong presence of the NHSC in rural America as a whole. Over 59 percent of NHSC practitioners are working in rural settings.

Meriweather works in association with Cox-Monett Hospital—located in Monett, Missouri, in the southwest part of the State—with predominantly rural patients and recently relocated factory workers from Mexico.

Although the shingle on the door identifies her as a clinical psychologist, Meriweather wears many hats and must have her finger on a myriad of community resources to treat her patients for behavioral issues. She is a social worker, case manager, marital and school counselor, public speaker, and employee assistance program specialist all rolled into one.

"You have to be creative with extended family issues, especially when dealing with the stigma of mental health services," Meriweather says. "This might involve marital counseling with only one member present, or phoning up a PCP (primary care provider) to discuss a diagnostic finding in the light of an underlying behavioral problem so that referral and pre-certification for services can be expedited. The PCP is only too happy to oblige if he or she knows that behavioral therapy may solve what was presented initially as a medical issue."

Meriweather has been pleasantly surprised by the gradual breakdown of attitudes toward mental health care as wary patients who may have initially been brought to treatment through her "creative means" recount positive experiences to their neighbors. And although physician and emergency room referrals account for the majority of her patient load, she is seeing a gradual rise in self-referrals.

"The only way to let people know you are there for them is to maintain a high profile in the community," Meriweather adds. So in addition to seeing 9 to 10 patients a day for 50-minute sessions and being on call for ER referrals, Meriweather hits the road and speaks to any group or organization that is willing to give her a podium and maybe a microphone.

Placing behavioral specialists in clinics where physicians recognize the importance of treating both mental and physical issues is what Tim Swinfard, vice president of operations at Burrell Behavioral Health, characterizes as the "champion approach" to providing effective health services to rural Missourians. The contributions of NHSC practitioners, like Meriweather, ensure that everyone in rural Missouri has access to champion service.

Although the picture is brighter for the three-quarter million residents of southwest Missouri because of the integration of mental health services with primary care, and because of the roles played by the

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### Symptoms of Depression

- Sad mood
- Loss of interest or pleasure in activities that were once enjoyed
- Change in appetite or weight
- Difficulty sleeping or oversleeping
- Physical slowing or agitation
- Energy loss
- Feelings of worthlessness or inappropriate guilt
- Difficulty thinking or concentrating
- Recurrent thoughts of death or suicide

*Source:* "The Invisible Disease—Depression," National Institute of Mental Health, June 1, 1999, *http://www.nimh.nih.gov/publicat/invisible.cfm*

# NHSC Resource Corner

## Facts and Figures…on Substance Abuse

Substance abuse is a major national problem, affecting nearly everyone—children and families, employers, and health care providers. The goal established by the Federal Government's Healthy People 2010 program is simple: to reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

The statistics below shed light on the extent of the substance abuse problem in this country.

- An estimated 13.6 million Americans are current users of illicit drugs, including nearly 10 percent of youths aged 12–17.*
- Every day, more than 3,000 youth begin smoking cigarettes. An estimated 4.1 million youth smoke cigarettes regularly.*
- Roughly 33 million Americans (29.2 percent of the population) are engaged in binge drinking, and 12 million (10.6 percent) are heavy drinkers.*
- U.S. alcohol and other drug abuse health care costs amounted to nearly $35 billion in 1995. Total costs to society related to substance abuse ran to $276 billion.**



**Source:* 1998 National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration (SAMHSA).

***Source:* Harwood H., Fountain D., Livermore G., et al. (1998). The Economic Costs of Alcohol and Drug Abuse in the United States, 1992. (Table 1.4). NIH: National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism.

The National Health Service Corps (NHSC) Educational Program for Clinical and Community Issues in Primary Care is a series of educational materials designed to help clinicians provide medical care to underserved and vulnerable populations. You can find modules on mental health and substance abuse on the NHSC Web site at:

*http://www.bphc.hrsa.dhhs.gov/nhsc/Pages/member_news/2C_amsa.htm*

## What you can do…

Through effective prevention and treatment substance abuse services, we, as health care providers, can help the Nation reach the Healthy People 2010 goal. Here are some resources that may be helpful for you as you consider what you can do in your communities to help prevent and treat substance abuse problems:

Alcoholics Anonymous
*www.alcoholics-anonymous.org*

National Center on Addiction and Substance Abuse
*www.casacolumbia.org*

National Clearinghouse for Alcohol and Drug Information
*www.health.org*

## Order these free materials on substance abuse

**"Monitoring the Future, National Results on Adolescent Drug Abuse: Overview of Key Findings, 1999"**

Each year, "Monitoring the Future," a long-term study of American adolescents, presents the results of its study on America's 8th, 10th, and 12th graders. Chapters focus on overall trends of illicit drug use and trends of use for specific drugs (including cigarettes). (To order: 1-800-729-6686)

**Gathering of Native Americans: Substance Abuse Prevention Curriculum**

The Gathering of Native Americans (GONA) curriculum is intended to provide culturally specific substance abuse prevention training in Native American communities. This is an important tool to use in providing structure to community gatherings addressing the effects of substance abuse. (To order: 1-800-729-6686)

**Executive Summary, Strategies for Integrating Substance Abuse Treatment and the Juvenile Justice System: A Practice Guide**

This executive summary provides an overview of the range of alcohol and other drug treatment services provided in juvenile justice systems and highlights programs that have shown promising results. Special attention is paid to integrating services between the substance abuse and juvenile justice systems.
(To order: 1-800-729-6686)

**"Mind Over Matter: The Brain's Response to Methamphetamine"**

The "Mind Over Matter" series is a set of brochures that follows heroine Sara Bellum as she discovers how the brain and other parts of the body react to different drugs. This edition sends Sara and her readers to learn about the brain's response to methamphetamine. (To order: 1-800-729-6686)

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## Facts and Figures…on Primary Care

### The Value of Prevention

Studies consistently show that prevention and early intervention are the most effective ways of protecting the health of patients and controlling costs. As you continue to offer your communities critical primary health care services, consider these encouraging statistics:

- Clinical smoking cessation interventions cost an estimated $2,587 for each year of life saved, the most cost-effective of all clinical preventive services.
- Each $1 spent on diabetes outpatient education saves $2 to $3 in hospitalization costs.
- Cervical cancer screening among low-income elderly women is estimated to save 3.7 years of life and $5,907 for every 100 Pap tests performed.
- The cost of preventing one cavity through water fluoridation is about $4, far below the average $64 cost of a simple dental restoration.
- Participants in the arthritis self-help course experienced an 18 percent reduction in pain at a per-person savings of $267 in health care system costs over 4 years.

*Source:* Centers for Disease Control and Prevention.
*http://www.cdc.gov/nccdphp/about.htm*

## Order these free materials on primary care

**Early Identification of Hearing Loss—Implementing Universal Newborn Hearing Screening Programs**

The need to identify hearing loss at an early age has been accepted for more than 50 years, but only recently have hospitals begun to implement universal newborn hearing screening programs in large numbers. This publication will help you start or operate such a screening program in your own facility.
(To order: 1-888-434-4624)

**Preventing Domestic Violence**

Instructional videos that educate health care providers about how to identify and help prevent domestic violence are now available. The video shows providers how an effective community team can respond to reports of domestic violence by helping connect patients to appropriate services beyond the clinic. (To order: 301-443-2964)

And materials for your patients…
To order, call: 1-800-400-2742

- "HIV, Pregnancy, and AZT: Your Health, Your Baby, Your Decision"
- "El Embarazo y el VIH: ¿Es el AZT Mejor Para Tí y Tu Bebé?"
- "Medicines and You: A Guide for Older Americans"
- "Nutrition and Your Health: Dietary Guidelines for Americans" ■

## Mark Your Calendar

February 12–17, 2001
**12th Annual Art and Science of Health Promotion Conference**
**"Building Health Promotion into the National Agenda"**
Washington, D.C.
248-682-0707

March 22–28, 2001
**2001 Policy & Issues Forum**
National Association of Community Health Centers
Washington, D.C.
202-659-8008

March 23–25, 2001
**National Hispanic Medical Association 5th Annual Conference**
Washington, D.C.
202-628-5895

April 27–30, 2001
**National Farmworker Health Conference**
San Juan, Puerto Rico
202-659-8008

# Challenges in the Field

## Overcoming Social and Economic Barriers with Innovative Diabetes Program

"We launched the program out of necessity really," explains Daren R. Anderson, M.D., a National Health Service Corps (NHSC) Scholar since 1998. "Type 2 diabetes is the number one diagnosis here, and there is a huge gap in the understanding of the illness and proper management."

*NHSC Scholar Daren Anderson, M.D., and nurse Hilda Cardona (second row, right), and participants of the diabetes education program at the Community Health Center of New Britain in Connecticut, celebrate the program's success.*

In New Britain, Connecticut, the community where Anderson practices, there are many barriers facing the primarily Hispanic population. Many of his patients speak Spanish exclusively, live at or below the poverty level, and have a limited education. Between 25 and 30 percent of patients have no health insurance, and most of the others have only Medicaid coverage.

Although managing diabetes is always difficult, residents in New Britain must overcome so many added barriers that effective diabetes management is sometimes a near impossibility. And as a result, Anderson explains, "Their diabetes was out of control. Patients just weren't taking care of themselves. We needed to do something."

And so he did. Anderson, along with his nurse, Hilda Cardona, launched a pilot 6-week education/support program for people with type 2 diabetes at the Community Health Center of New Britain. Through the program—offered at no cost to the participants—patients received an education about diabetes, tutorials and hands-on experience in preparing healthy foods, and access to a supportive environment where they could interact with peers living with the same illness.

After recruiting 10 Hispanic women into the program (subsequent programs will target men as well) and developing a solid curriculum and handouts (all in Spanish), the doctor/nurse team was ready to go. Leading the class entirely in Spanish, Anderson and Cardona welcomed the first students of the Community Health Center of New Britain's Diabetes Education Program last June.

In early sessions of the program, Anderson and Cardona focused on basic issues about diabetes, potential complications associated with the disease, and other medical aspects of the illness. But the thrust of the program, by design, was teaching participants what they needed to know to create and maintain a healthy diet.

"There is a popular misconception that all you need to do is avoid sugar," says Anderson. "We had a lot to teach."

"For one class, we went to a supermarket and compared the differences between similar foods—differences between low-fat and regular mayonnaise, 1 percent and whole milk. This class had more impact than anything else," Anderson says. "They didn't know how to read food labels, so we were explaining this too. They all pulled out their notebooks and started writing everything down as fast as they could."

According to Anderson, this critical information is rarely explained to them in the beginning. Often, when a non-English-speaking patient is first diagnosed, it is a translator who conveys the "must-know" dietary information. This further complicates an already difficult process, Anderson argues.

"There is a huge amount to learn in the beginning," Anderson says, "and you just can't explain everything in a 15-minute doctor visit."

For the sixth and final class, the group cooked a meal, preparing a traditional Puerto Rican menu. Some of the women brought in their own dishes, and everyone enjoyed a hearty celebration before saying goodbye.

Anderson's clinic, which is supported in part by Federal grant money, offers patients critical health care services that they would not receive if they were required to pay out of pocket. The bilingual services of providers allow patients to communicate in their own language and to fully understand the complex concepts related to their illness. And the group setting, which Anderson facilitates, provides patients peer support, a necessary component of a comprehensive diabetes education program. While one-on-one sessions with a diabetes educator are critical, Anderson acknowledges, the group setting allows individuals a chance to meet with peers who share the daily realities of living with diabetes.

"You see group support work done in other therapeutic areas, like HIV and depression. But I had never seen such a model in diabetes, and I thought it was worth trying. I wanted them to have a sense that they're not out there by themselves," Anderson says. Such support is crucial, Anderson believes, and to maintain this network of support, the group will continue to come together for reunion sessions every 3 months. "They need to know they're not alone," Anderson says.

As the pilot program has only recently ended, it is difficult to assess quantifiable outcomes. Still, Anderson has seen some

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certain results in his patients, whom he continues to see privately for diabetes care.

"They definitely have an improved understanding of nutrition and an improved understanding of the potential complications of diabetes," says Anderson. "They are also more diligent about doing their finger sticks and injecting their insulin."

Through the one 6-week program, Anderson and his nurse overcame language, education, cultural, and economic barriers and provided 10 women with the understanding they needed to better manage their diabetes. The program proved to be so successful ("It was a wonderful turnout!" he says) that Anderson and Cardona now plan on offering the program on a quarterly basis. The second session began in September.

"It's been a lot of fun," Anderson concludes. ■

For more information about the Community Health Center of New Britain Diabetes Education Program, contact:

Daren R. Anderson, M.D.
Community Health Center of New Britain
1 Washington Square
New Britain, CT 06051
860-224-3642, ext. 5109
*andersdr@chc1.com*

## *More than Physicians* *continued from page 10*

County staff has clinic space free-of-charge to process applications from pregnant women to obtain health care coverage and services. They also handle applications for the Healthy Family Program so children can obtain affordable health services and medications.

Today, the couple sees second and third generations of many of their early patients, as a great number of the farmworkers have settled in the area. Diabetes, high blood pressure, high cholesterol, and heart and other cardiovascular diseases continue to be the major health problems for the community. Luckily for their patients, Oscar has been able to negotiate with most of the pharmaceutical companies to have them provide free medications for indigent patients with diabetes, high blood pressure, and high cholesterol. In addition, the clinic takes cash payments and provides steep discounts for many patients.

The Sablans continue to support NHSC by allowing Scholars and Loan Repayors and dozens of other students and residents from various nearby medical schools to rotate through their clinic. The two physicians also maintain faculty appointments with the UCSF family practice program and the University of California, Davis nurse practitioner and physician assistant programs.

All four Sablan children were raised in Firebaugh. Tony graduated from law school last May at his parents' alma mater, St. Louis University; Mario is attending medical school at Western University; Nick is a senior at Notre Dame and applying to medical school; and Mele, their only daughter, is currently a college junior at St. Louis, also, and is looking forward to law school. Oscar hopes that his two children who are pursuing medical careers will consider NHSC scholarships or consider working at NHSC service sites as part of their commitment to the underserved.

As recognition for the incredible work they have done in their community, the Sablans received this year's NHSC Regional Physicians of the Year award. And what is their personal reward for their lives of service? As Dr. Oscar says, "It's been really fun." ■

## *Community Profile* *continued from page 11*

NHSC behavioral health clinicians, it is far from perfect. Owing to the unwillingness of medical insurers to support third-party referrals and consults, Alice Brown will have to persuade her son, her parents, and her husband to seek help directly for their problems. With the support and problem-solving skills of Meriweather and her colleagues, Alice may very well succeed in convincing them to seek the services they need.

"Until the insurance industry can be shown that mental health care is an effective containment of physical health care costs," asserts Tim Swinfard, "insurers will continue to carve out mental health care benefits from their plans." ■

**For additional readings on mental health care in the rural setting, check out these Web resources:**

- "Mental Health and Substance Abuse: Challenges in Providing Services to Rural Clients," Angeline Bushy, *http://www.treatment.org/taps/tap20/tap20bushy.html*
- "How To Reach Farmers with Mental Health Services," *http://www.narmh.org/facrnine.htm*

# The NHSC Vision

At the NHSC, we continue to work toward the goal of "100% access, 0 health disparities" by providing comprehensive team-based health care that bridges geographic, financial, cultural, and language barriers. We will not stop until all Americans, everywhere, have access to quality health care, especially for health issues that have the highest racial, ethnic, and socioeconomic disparities in treatment success: HIV/AIDS, mental health, dental care, cardiovascular disease, cancer, diabetes, childhood and adult immunizations, and infant mortality.

Because the NHSC is part of the "access agency"—the Health Resources and Services Administration (HRSA)—we work closely with other HRSA bureaus and programs to recruit primary care clinicians for communities in need. Through our combined efforts, we are seeking to provide access to care for upwards of 47 million Americans who might otherwise do without.

Our strategies for achieving our goal include:

- **Forming partnerships** with communities, States, educational institutions, and professional organizations.
- **Recruiting caring, culturally competent clinicians** for communities in need.
- **Providing opportunities and professional experiences** to students through our scholarship and loan repayment programs and our SEARCH (Student/Resident Experiences and Rotations in Community Health) program.
- **Establishing systems of care** that remain long after an NHSC clinician departs.
- **Shaping the way clinicians practice** by building a community of dedicated health professionals who continue to work with the underserved even after their NHSC commitment has been fulfilled. ■


Department of Health & Human Services

U.S. Public Health Service
Health Resources and Services Administration
Bureau of Primary Health Care
National Health Service Corps
Recruitment/Retention Marketing Program
Suite 300
6101 Executive Boulevard
Rockville, MD 20852




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**www.bphc.hrsa.gov/nhsc/**